**Student Travel Application**

**Part 1: Student and Conference Information**

|  |
| --- |
| Name: |
| Name(s) of other student(s) presenting: |
| Email Address: |
| Expected Graduation Date: |
| Phone Number: |
| Research Advisor: |
| Conference Attending: |
| Conference Dates: |
| Type of Presentation (Oral, Poster, Performance, etc.): |
| Abstract: |

**Part 2: Budget Information**

|  |  |
| --- | --- |
| **Category** | **Amount Requested** |
| Poster Printing |  |
| Conference Registration Fee |  |
| Lodging |  |
| Mileage ($0.58 per mile 1/1/2019) From: Indianola  To: |  |
| Vehicle Rental / Shuttle / Taxi |  |
| Airline Travel |  |
| **Total Amount Requested** |  |

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Advisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_